



“Making a Difference: Mobilizing Youth against Gender-Based Violence in Bolivia”

PROJECT SUMMARY

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USAID G/PHN/POP

*“This is the best investment ever. By working with young people,
they are helping their families and neighbors to hold a dialogue
and to talk openly about violence and how to resolve it...”*
-- Luis Figueroa, Deputy Mayor, Vinto Tinto

La Paz, Bolivia

June 2005



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CATALYST
consortium

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

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Note to Reader: This document represents a synthesis and translation of the 37-page project report written in Spanish by Project Coordinator Delia Poma Valverde. CATALYST has produced this English summary as a means of disseminating the key elements and lessons learned among a global audience of collaborating agencies, other NGOs, public sector officials, researchers and any other professionals with an interest in the issue of GBV. Readers of Spanish should direct themselves to the more in-depth report *Marcando la diferencia: Movilización de la juventud contra la Violencia Basada en Género en Bolivia*.

ACKNOWLEDGMENTS

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Finally, we extend our thanks to all of the participants in this project: adolescents, youth, parents, directors of educational centers, religious leaders and local authorities from the areas where we worked. Thanks also to the larger communities, that of Vinto in the city of La Paz, and the three sectors in Potosí: San Benito, San Roque and San Gerardo. To each and every one we are most grateful.

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ABBREVIATIONS AND ACRONYMS

AED	Academy for Educational Development
CEDPA	Centre for Development and Population Activities
GBV	Gender-based Violence
IGWG	Interagency Gender Working Group
MSD	Ministry of Health and Sports
NGO	Nongovernmental Organization
PAC	Postabortion Care
PAHO	Pan American Health Organization
RH/FP	Reproductive Health and Family Planning
SLIM	Municipal Integrated Legal Services
SID	Legal Defense Information System
USAID	United States Agency for International Development
WHO	World Health Organization

I. OVERVIEW

The CATALYST Consortium implements a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Over the past four years, CATALYST has been actively engaged in Bolivia, implementing a series of activities to improve the quality of care to clients through postabortion care (PAC) in five departments: La Paz, Oruro, Cochabamba, Santa Cruz, and Beni; to mobilize the community around PAC in El Alto and Santa Cruz, and to scale up RH/FP services for youth in the public sector. During the same timeframe, the Bolivian Ministry of Health and Sports (MSD) developed a commitment to serve youth as part of its overall comprehensive health strategy. Bolivia has seen few examples of GBV-focused efforts, with very little emphasis on how the issue is experienced by youth. The combination of CATALYST's track record in GBV along with the MSD's heightened interest in the issue created an ideal set of conditions to initiate a youth-focused GBV project.

As a point of departure, CATALYST/Bolivia built directly upon the experience gathered under the Peruvian pilot entitled *Gender-Based Violence: Responses from the Community and the Health Sector*, also a CATALYST project. Incorporating lessons learned about youth-centered methodologies, CATALYST/Bolivia assembled a project team to oversee a one-year GBV intervention with the following overall goal: ***To reduce the prevalence of GBV among the adolescent population in Bolivia by increasing the community's awareness of GBV.***

The overall goal was broken out into three specific **project objectives**:

- To increase knowledge of GBV in adolescents from two impoverished communities in Bolivia;
- To increase adolescents' engagement in nonviolent behavior in their personal relationships; and
- To increase adolescents' support systems so they seek assistance from clinical and social services.

The first two objectives focused on adolescent knowledge, attitudes and practices, while the third objective looked at strengthening the enabling environment for affected youth.

Based on indicators such as income level, GBV prevalence and CATALYST's previous work in the areas, the team selected four communities in which to work: one in a periurban area of La Paz; and three neighborhoods of the city of Potosí. CATALYST held assemblies and meetings with community leadership to present the project and recruit a total group of 420 youth participants.

As outlined in the **METHODOLOGY** section, the youth were recruited into two different groups—a **core group** who were trained to act as peer facilitators and 18 **base groups** who participated in training and sensitization activities. Through a series of workshops, the youth developed a clearer understanding of gender issues and GBV in particular. They analyzed behavior in conflict situations and their own attitudes about resolving conflict. They also mapped the community resources that exist to support young people who experience GBV. Most important, they proposed action plans to community leaders, and sought support in carrying out these activities to reduce the incidence of GBV involving youth. The **RESULTS** section discusses findings from a pre-test and post-test administered to the youth, and the project teams' **LESSONS LEARNED** are presented in the final section of this summary report.

II. CONTEXT

GBV in Bolivia

Gender-Based Violence is a recognized public health problem. A study by the Pan American Health Organization (PAHO)¹ shows that, in three Bolivia municipalities, approximately six out of every ten women suffer physical violence. The study found that a third of the people who live in violent relationships were victims themselves of violence during childhood. Also, 8% of the total number of cases reveal that the individuals who currently have violent relationships witnessed violence during their childhood.

According to results presented by the Bolivian Vice-Ministry for Women's Issues in September of 2002² on family violence in rural and urban municipalities of the three regions of the country—La Paz, Cochabamba and Santa Cruz—it was shown that:

- 7 out of every 10 women suffer psychological and physical violence at home, at a frequency of 3 to 5 times a year;
- 9 out of every 10 women suffer from freedom deprivation by their partners (restrictions on the kind of clothing they wear or their social interactions);
- 4 out of every 10 women suffer economic subjugation by their partners in terms of decision making about household finances;
- 49% of women who are students or work at home without a salary suffer violence from partners; and
- 53% of women who suffer violence don't take any action at all in the face of such violence, only 14% seek help from family members and 10% file a report with the corresponding social service agency, the Family Protection Brigade (*Brigada de Protección a la Familia*).

A series of youth-focused surveys conducted in Bolivia in 2003 indicate that fewer than 6% of youth and adolescents believe that they are entitled to live without violence; and 32% admit to having been victims of violence or to have engaged in violence themselves. The overall data processed through the country's Legal Defense Information System (SLID) identifies a total of 3,468 cases of violence attended to in the year 2003, 34% of which involved adolescents.

¹ *Violence against Women: The Health Sector Responds*, PAHO, (2003). This study by PAHO uses the UN definition for violence against women.

² Viceministerio de la Mujer, Bolivia (2002). *Violencia intrafamiliar en municipios rurales y urbanos de tres regiones del país*. La Paz, Bolivia: OPS/OMS.

Legal and Programmatic Framework

During the past 20 years, several laws have been enacted in Bolivia that protect individuals against family or domestic violence. The Bolivian government has also issued several decrees to facilitate equal opportunities between men and women. Several mechanisms for political action exist regarding GBV as well, namely the *National Plan for Prevention and Eradication of Violence against Women*, as well as the establishment of *Gender Units* in each of the nine geographical Departments and a *Municipal Office for Women's Issues* at the local level. As is the case in many countries, the existence of this legal foundation hardly guarantees that the laws are being enforced among all sectors of the population. There is a low level of awareness among the Bolivian populace that such laws and mechanisms exist at all.

In terms of GBV-related services available to the public, there are two operational levels—the Municipal Integrated Legal Services (SLIM) and the Family Protection Brigades, ranging from departmental capitals to rural areas in their coverage. Since 1997, 37 SLIM centers have been created and given the task of incorporating gender equity into the design and implementation of municipal policies, plans and programs. In addition, seven Family Protection Brigades have been established to respond to local needs. The Bolivian government has earmarked funds to support the functioning of these two services.

Across various sectors, GBV is touched on at the policy level. A multisectoral example is the *Violence against Women and Girls* project involving the Ministry of Health, the Vice-Ministry on Gender, Generational and Family Issues, and PAHO. Another example is the *Program to Prevent Violence in Schools* carried out by the Ministry of Education, Culture and Sports. Both programs seek to coordinate activities across sectors to respond to violence within Bolivian society. Beyond the public sector, many NGOs are engaged in training service providers and legal staff to disseminate information and provide follow-up on reported incidents of violence.

III. METHODOLOGY

“My life has changed. Before, I was afraid to talk with my parents..., I’ve told them about what we discuss at the workshops and they listen to me and sometimes ask me what else I’ve learned, and I’ve told them that we are holding fairs so that people can learn about violence and, that way, they can change...”

-- Roberto, Core Group Member, La Paz

Several methodological inputs provided a starting point for the CATALYST GBV project team. First, the team familiarized itself with the PAHO research publication: *Violence against Women: the Health Sector Responds*³ which provides both a research protocol as well as a framework for developing strategies in response to GBV. In particular, the team relied on the second chapter that presents the critical path approach to analyzing the various service points accessed by a women who experiences GBV. Second, the team built upon lessons learned by the CATALYST/Peru team in their own development of a youth-centered GBV response, *GBV: Responses from the Community and Health Sector*. The lessons learned in Peru about how to mobilize young people as leaders in the fight against GBV provided information for and influenced the design of the Bolivian project.

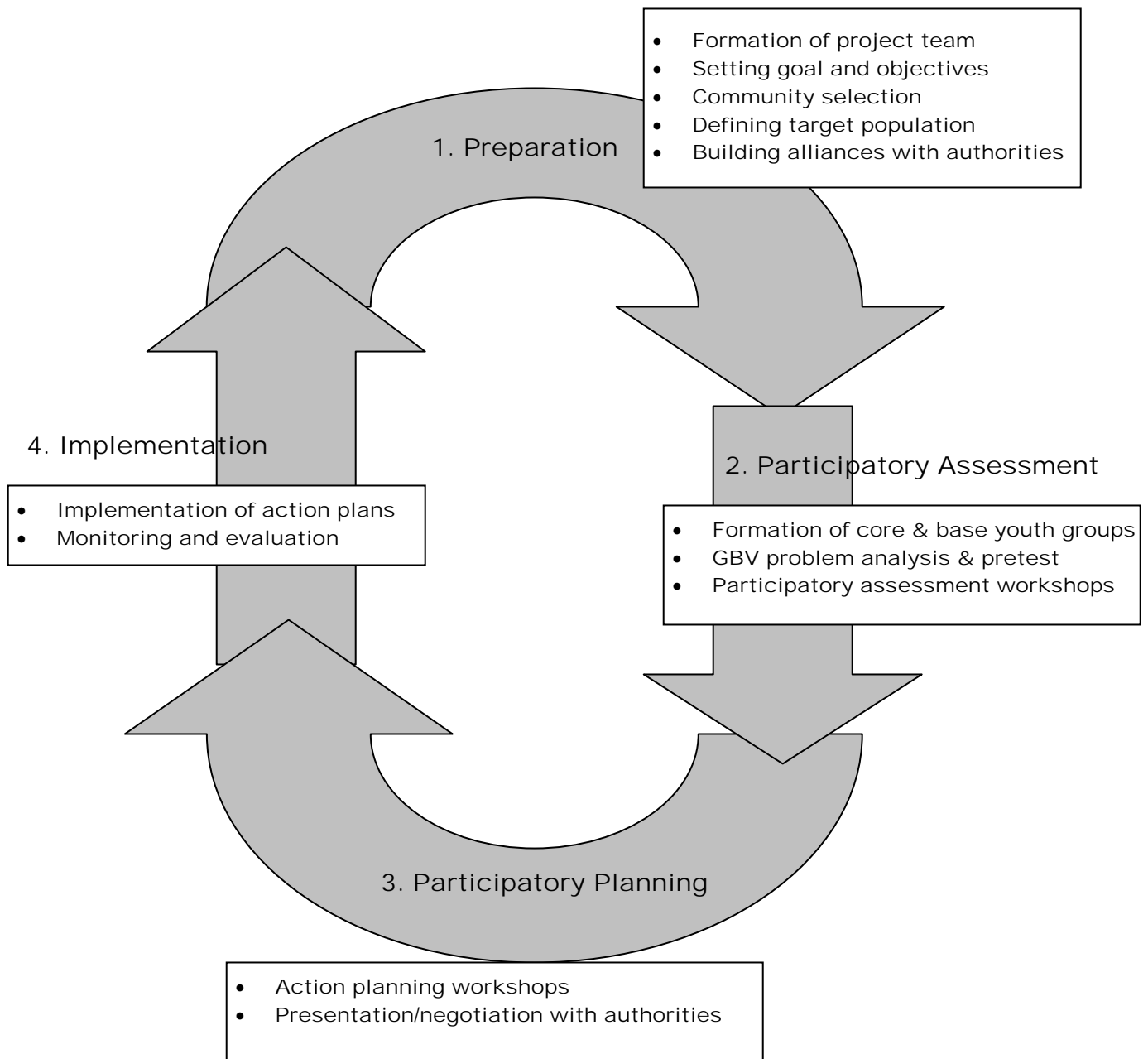
To these two inputs, the CATALYST/Bolivia team brought the Community Action Cycle (*Ciclo de Acción Comunitaria*)⁴, which allows for the step-by-step design of a particular intervention. This cycle consists of a series of steps performed in a logical and progressive order, designed to increase the community’s involvement in decisions that impact the community. It is termed a *cycle* because it offers an iterative process: one that allows for incorporating successes, failures and lessons learned.

The following graphic entitled **GBV Community Mobilization Cycle** illustrates the approach used by the CATALYST/Bolivia team as it undertook its adolescent GBV project. The remainder of the **METHODOLOGY** section will follow the cycle’s sequence.

³ Pan American Health Organization (2003) Washington D.C.: PAHO/WHO.

⁴ Phil Bartle, PhD. Psychology Professor. Chief Technical Adviser (CTJ) for the Uganda Community Management Program (*Programa de Gestión Comunitaria de Uganda (PGC)*) from 1994 until 1998.

GBV Community Mobilization Cycle



A. Preparation Phase (2-3 months)

Formation of the Project Team

As the first step in the activity, CATALYST put together a highly qualified project team, including local representatives, who were responsible for regular field visits. Team members brought experience in GBV, adolescent development and community-based work.

Setting the Goal and Objectives

With input from CATALYST staff in Bolivia as well as Washington, DC, the overall goal of the GBV project was articulated as follows: ***To reduce the prevalence of GBV among the adolescent population in Bolivia by increasing awareness of GBV.***

The coordinating team identified the following three specific objectives:

- 1) To increase knowledge of GBV in adolescents from two impoverished communities in Bolivia;
- 2) To increase adolescents' engagement in nonviolent behavior in their personal relationships; and
- 3) To increase adolescents' support systems so they seek assistance from clinical and social services.

Community Selection

Prior to selecting the participating communities, the project team developed a list of criteria to consider, including income level, availability of health and violence prevention services, availability of youth-focused services, the incidence of GBV reports, the level of support by other donors and the number of agencies working locally on GBV issues. As a result of the deliberation, two different regions were targeted for the project—Vino Tinto, a periurban area in the city of La Paz and three neighborhoods in the city of Potosí: San Benito, San Gerardo and San Roque. In addition, CATALYST/Bolivia had provided previous technical assistance to these communities under the Ministry of Health project entitled *Integrated Care for Adolescents*.

Each of the selected areas comprised an adolescent population of approximately 10,000. The initial selection was reinforced by data collection, including a review of local registries and archives of community demographics, community site visits, interviews and informal contacts with community leaders as well as observation.

Defining the Target Population

The project team identified the broader target population as young people in the three participating communities between the ages of 13 and 19. They launched a series of introductory meetings with community leaders to recruit youth into the project. The team

found that adolescents belonging to organized groups such as schools, churches and sports teams were the most inclined to participate in the GBV activities.

In keeping with the project strategy, the team sought to recruit young people for two distinct levels of participation—the **core group** (*grupo nuclear*) and the **base groups** (*grupos de base*). As explained in sections that follow, the core group of youth would lead the program development, receive more in-depth training and act as peer facilitators among the base groups. For their part, the base groups would receive skills training as well and would participate in developing action plans in response to GBV.

With community support, the project team succeeded in recruiting 420 young people to participate in the project—58 formed the core group and an additional 362 youth made up the 18 area base groups. **Table 1** breaks down the youth participation by area:

Table 1 **Number of GBV Project Participants in Bolivia**

La Paz	Core Group	Base Group	Total
Colegio Ricardo Jaimes Freyre	4	20	24
Colegio Abraham Lincoln	5	18	23
Colegio Nicolás Fernández Naranjo	3	20	23
Colegio Jacqueline Kennedy	5	16	21
Colegio República de Francia (morning and afternoon)	6	40	46
Youth Group Kjantati from the Señor de la Exaltación Church	3	20	23
Total	26	134	160
Potosí			
Colegio Mons. Cleto Loayza	8	65	73
Colegio Mejillones	8	63	71
Colegio Pacífico Sequeiros	12	75	87
Grupo Monasar Parroquia de San Roque	4	25	29
Total	32	228	260
PROJECT TOTAL	58	362	420

It is important to note that the 420 project participants consisted of 51% men and 49% women, all between the ages of 13 and 18. Further, inquiry into the breakdown revealed that men with alternative work activities and schedules are more likely to attend organized activities. In the case of Vино Tinto, the male participants worked in informal sector jobs such as street vendors, handicrafts artisans, town criers and announcers, among others. In Potosí, the principal source of labor is mining and many of the male participants worked as wheelbarrow transporters, mineral sorters as well as mine tour guides. Young women, for the most part, worked in the home or in small-scale agriculture.

Building Alliances with Authorities

From the project's inception, the coordinating team singled out the importance of building community support for and credibility of the activity. A great deal of effort was dedicated to building these relationships at three key stages of project development—the recruitment of youth participants, getting feedback on the problem analysis and presenting on and negotiating the proposed action plans. The second two stages placed young people in a leadership role before community authorities, a dynamic that was new for all participants.

CATALYST actively involved the following community actors in planning meetings:

- **Local level:** neighborhood residents, women's groups, youth groups, grassroots organizations, unions, athletic leagues, cultural centers, churches, schools, and health centers;
- **District level:** Mayor's offices, neighborhood watch committees, neighborhood organizations and others; and
- **Municipal level:** Municipal government, regional authorities (health and education), private businesses, federations, and other groups that support development and influence public planning and administration.

Each of these actors took an interest in the project and had some degree of participation, particularly in the presentation of the action plans. Through this process, a network was structured to provide ongoing support to youth-led efforts.

B. Participatory Assessment Phase (3-4 months)

Formation of Core and Base Youth Groups

Prior to conducting a situational analysis from the youth perspective, the project team sought to consolidate a group of committed young people who were perceived as leaders by their peers and communities. In preliminary meetings, the larger body of interested youth elected several representatives from their respective area to join the core group. Across the four project communities, the total core group consisted of 58 young people. During the assessment phase, the core group interacted on a weekly basis with the project team. In terms of skill development, the core group attended a series of six

training workshops (**Participatory Assessment Workshops**) outlined in a subsequent section.

The 18 base groups in the four participating communities numbered a total of 362 young people. The base groups would later attend a three-workshop training series where most of the information was imparted by the core group.

GBV Problem Analysis & Pre-test

CATALYST sought to build on its experience base about how GBV affects youth by gathering information about youth attitudes and perspectives on the topic. Furthermore, the project team wanted to establish a quantitative baseline against which to measure project results. The team developed a 15-question pre-test (multiple choice and yes/no answers) and administered it to 460 youth. This provided information on the following indicators:

- Percentage of adolescents who can identify the various manifestations of GBV; and
- Percentage of adolescents who feel they have the self-confidence to resolve conflict in a nonviolent manner.

The comparative findings from the pre-test and post-test are presented in the **RESULTS** section of this report.

Participatory Assessment Workshops

The project coordinators integrated the pre-test findings with information from follow-up conversations with the youth to design a six-part workshop for the 58 core group members. Again, the purpose of the training exercise was to build the capacity of the core group members to act as peer facilitators among the base groups, preparing them, in turn, to propose action plans to confront GBV in their own communities. The six sessions built upon an action-learning approach through which participants would integrate what they had learned directly into an action plan. Many training techniques brought out personal experiences with GBV while protecting the anonymity of the participant involved.

Table 2 Core Group Training Sessions

Session	Focus
1	How to conduct a participatory assessment
2	How to facilitate participatory planning
3	How to carry out and support action plans
4	What is gender-based violence? (Key concepts)
5	The effects of GBV on the lives of young people
6	The role of youth leaders in community-based GBV prevention

C. Participatory Planning Phase (1-2 months)

The transition from assessment to planning was not entirely straightforward. Rather, the newly empowered core group now turned to the 18 base groups and prepared to replicate the most relevant pieces of their own training. The project coordinators made note of the creative techniques used by the peer facilitators—a combination of role plays, card-sorting exercises, the development of campaign slogans, etc. They also built the skills of their peers through a community mapping exercise designed to inventory the GBV support services available to young people.

Action Planning Workshops

With the participatory planning phase of the project fully underway, the core group of youth conducted the three workshop sessions for their respective base groups. They replicated their own workshop content on basic gender concepts, how gender affects young people and the mobilizing role that young people can play in GBV prevention and mitigation. After conducting their own assessment of the problem, the base group members began designing community-specific action plans. The focus of the action plans was to have different community actors work fluidly and jointly to achieve common benefits while contributing to collective learning. The action plans were oriented around mutually agreed upon goals and objectives and community leaders were involved in their conceptualization.

Presentation/Negotiation with Authorities

This step in the participatory planning phase was one of the more innovative elements of the project. In order to highlight the leadership capacity of youth and build support among community authorities, a general assembly was called in each community. Core and base group members presented their action plans and used negotiation skills to achieve buy-in from community leaders. The community leaders were asked to validate

whether the proposed action plans responded well to local realities. Key actors offered in-kind support for the action plans, including land donations (Mayor's Office), human resources (Police Department), labor (neighborhood associations) and construction materials (an educational center).

D. Implementation Phase (2-4 months)

During this final phase of the community mobilization cycle, the community leaders came together with the youth leaders and began providing support for the action plans.

Table 3 Proposed Action Plans

Focus	Action Plans	Number of Activities
Raise community awareness about GBV	Mural paintings	6
	Public awareness fairs	4
Enhance safety of community members	Install safety lighting	3
	Construction and remodeling of Police Station	2
Improve GBV information base available to the community	Training workshops	8
	Create a virtual library and info center	5
	Improve the <i>Child & Adolescent Defense Agency</i>	1

Periodic reports out of Bolivia indicate that the action plans listed above were undertaken and are progressing. At the time this report was produced, the project team reported that all action plans had been implemented in full except for the two police station remodeling projects which had been approved but were still underway.

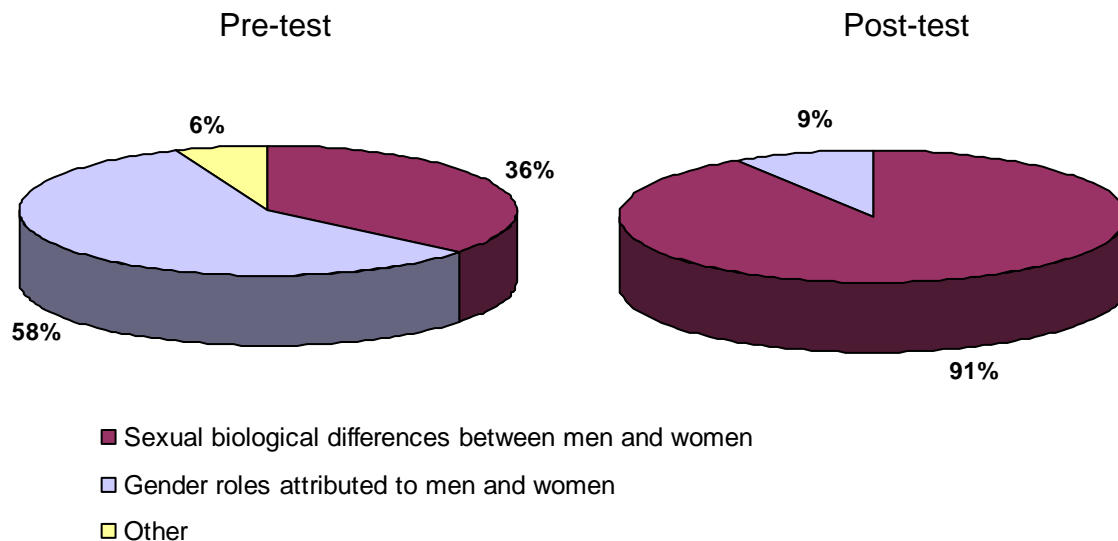
IV. RESULTS

“We used to insult each other, even hit each other, and I didn’t know that that was also violence. The project has helped me and also helped my team members, and now, we want our parents to be informed as well and to change together with us...”

-- Julia, Core Group Member, Potosí

The 15-question pre/post-test provides the main source of quantitative information about changes in adolescent knowledge and attitudes as a result of the GBV project. The pre-test was administered to 460 youth in an effort to collect baseline data about their knowledge and attitudes vis-à-vis GBV. Ten months later, at the project’s end, the post-test was administered to the 420 youth who participated fully in the project and results were tabulated accordingly. A comparison of pre-test and post-test findings is presented in **Charts 1-7**.

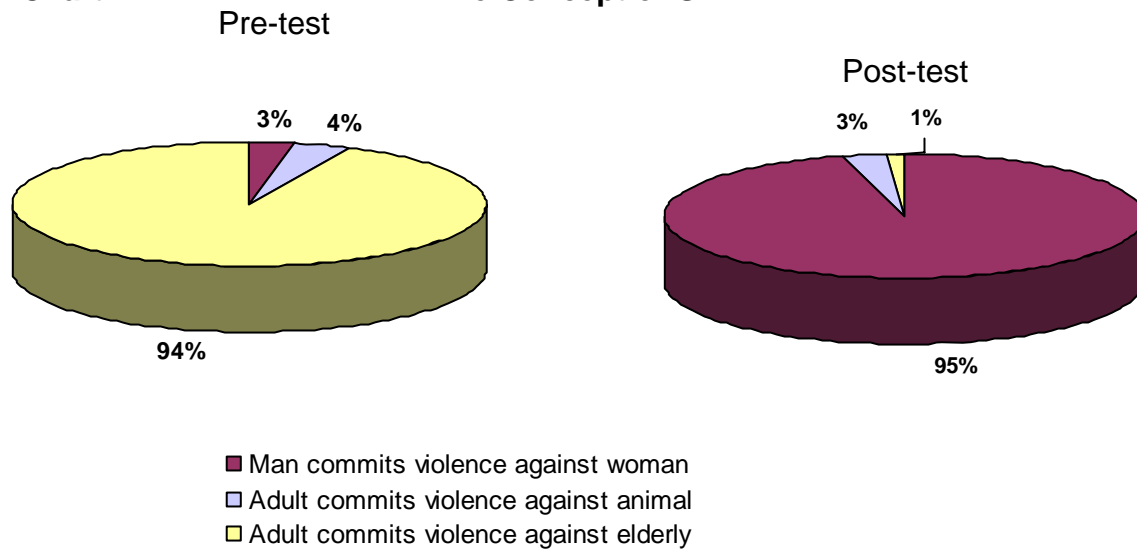
Chart 1 The Concept of Gender



The pre-test suggests that gender is a little known concept among the adolescent population, with only 36% of respondents associating gender with societal roles attributed to men and women. Prior to the training workshops, it was common for youth to associate gender with an age difference between men and women. At the end of the project, an additional 55% of respondents correctly identified the meaning of gender, for a total of 91%.

Chart 2

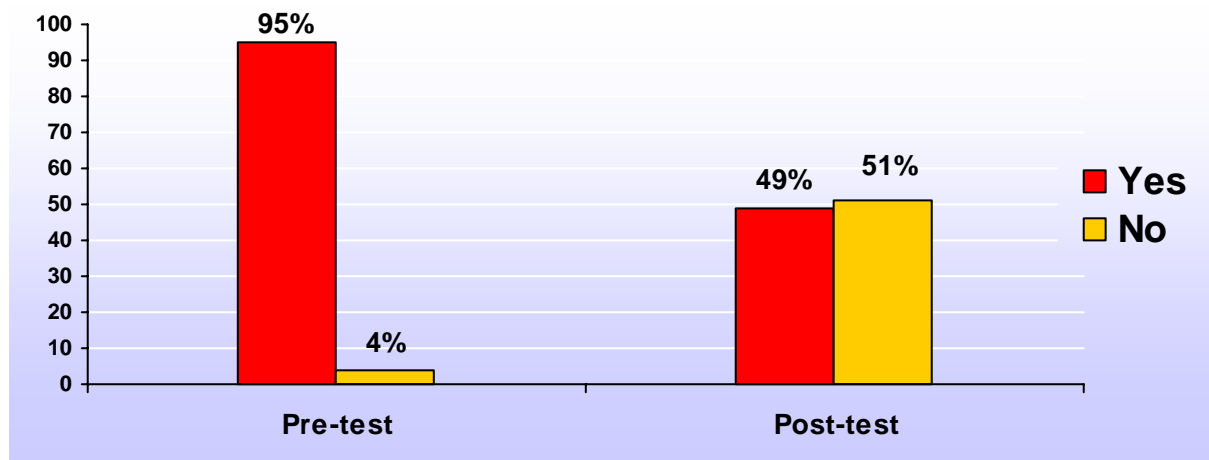
The Concept of GBV



The youth conceived of GBV as a type of *abuse*, a term used frequently among youth and adolescents. Prior to the workshops, a full 94% of respondents believed that committing a violent act against the elderly constituted GBV. By the end of the training, 93% correctly concluded that:

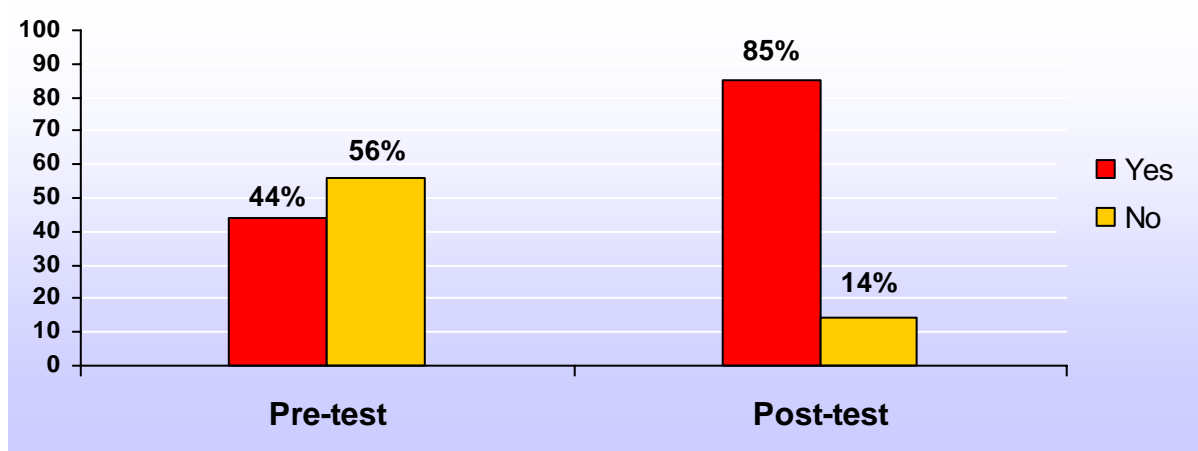
“Gender-based violence occurs when a man uses his power and force against a woman, abuse translated into ...violence. A woman can fall victim of GBV at any age and in different situations, such as family, school, in a couple or in a group of friends.”

Chart 3 Violence is a problem that only occurs in impoverished sectors



The pre-test suggested that participants considered violence to be a by-product of poverty. A total of 95% of respondents stated that violence occurs only in impoverished sectors. The **participatory assessment** workshops elaborated on this, revealing that many youth assumed that tolerating violent behavior grew out of economic dependence on the perpetrator. Following the workshops, the youth shifted their understanding, with only 49% believing that violence is an of poverty. The youth concluded that other factors influence the use of violence in all socioeconomic strata—lack of communication, low self-esteem, lack of information, etc.

Chart 4 Does forced sex within a couple relationship constitute rape?



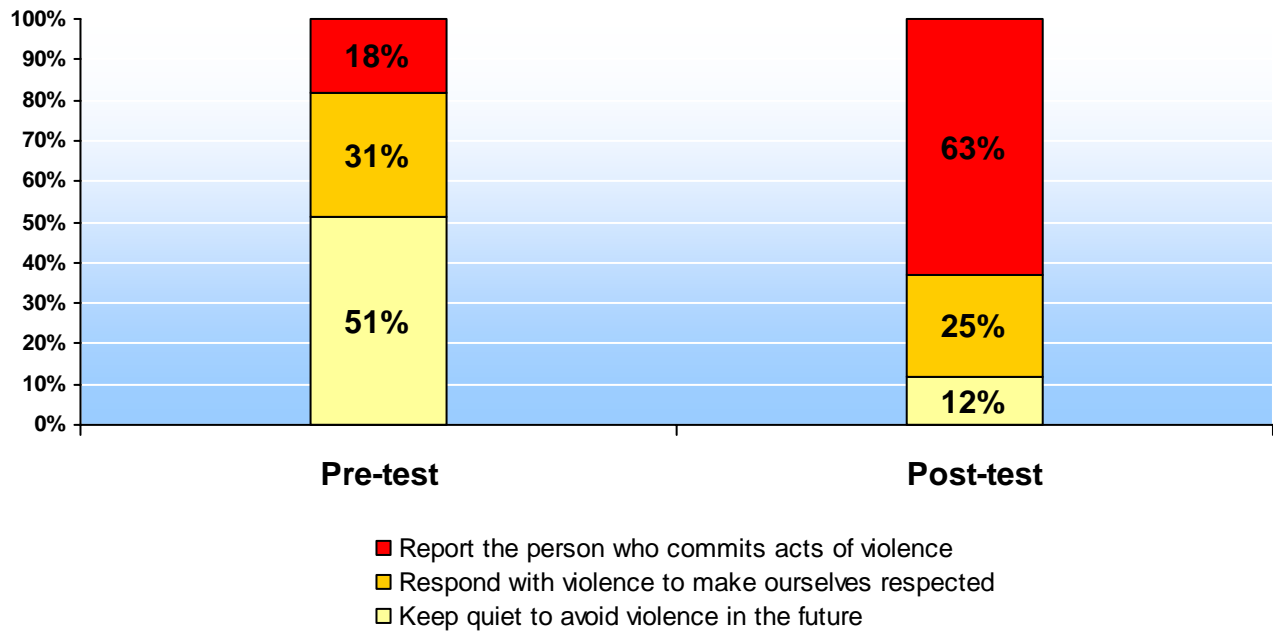
The pre-test revealed that 56% of the youth felt that forced sex within the context of an existing partnership relationship did not constitute rape or violation. The majority of responses reflect a traditional understanding of gender roles—that women should be subservient to men and it falls within acceptable behavior for a man to impose his will on his partner. The post-test demonstrated another shift in attitude with 85% of respondents indicating that forced sex between a couple does, in fact, constitute rape.

The second part of Indicator I attempts to determine how participants would respond to a violent situation. Selected test questions queried the following:

- A way to prevent violence is...
- If I suffer any kind of violence, I consider it necessary to report it.
- Dialogue and reflection are ways to resolve conflict situations.
- The use of violence depends on the behavior of others.

Chart 5

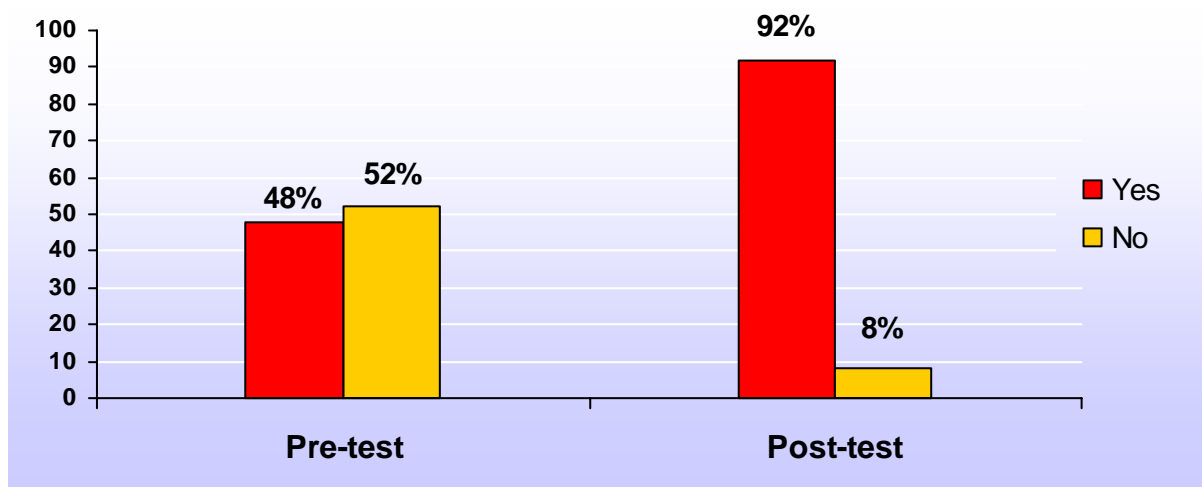
Ways to Prevent GBV



Prior to the workshops, participants considered that if parents, teachers or others used violence against them, it was because the individual wanted to educate them and/or correct their behavior. Therefore it was unnecessary to report the violent act to the authorities. The same perception was reinforced in the words of one respondent: *“My dad hits my mom because she made him mad, she didn’t do things the way he told her they should be done...”*

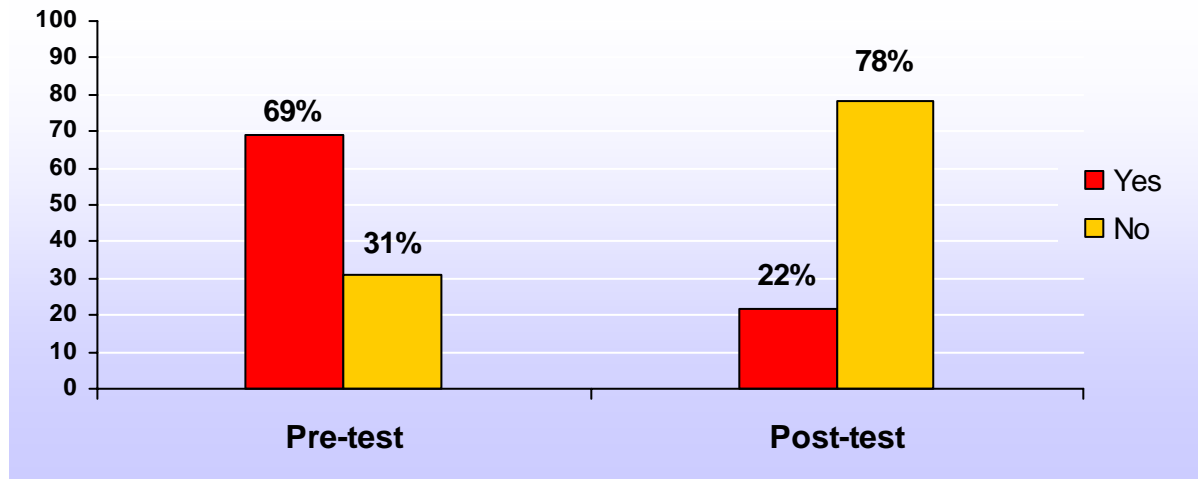
The pre-test indicated that 51% felt that a way to prevent GBV was by keeping quiet, while only 18% felt that reporting the incident was a viable response. By the end of the training, a full 63% responded that reporting the act was a way to prevent further abuse.

Chart 6 Dialogue and Reflection as Means for Conflict Resolution



Participants were questioned about the means for resolving conflict situations that could later unleash violent acts. In the pre-test, 52% of participants stated that dialogue and reflection were not adequate means for avoiding the escalation of conflict. At the end of the project, 92% indicated that strategies based on dialogue and reflection could in fact neutralize and resolve conflict.

Chart 7 The Use of Violence



The pre- and post-tests queried whether youth believed that the use of violence depended upon the behavior of others, meaning that it was an appropriate response to poor behavior by others. The pre-test indicated that 69% felt that an act of violence responded to the misbehavior of others or their unwillingness to comply with a request and therefore the violence was intended to *educate* them. On the post-test however, 78% of respondents reflected their attitude that violence was an extension of one's own behavior rather than dependent upon the behavior of others.

V. LESSONS LEARNED

"We should support these kinds of activities because they try to give us hope in life. Young people do fairs, murals, and other activities, and they are educating the community on issues concerning violence."

-- Iván Morales, Educational Unit Director

As part of the process documentation, the coordinating team synthesized the following list of lessons learned, particularly those elements that were key to a successful project outcome. It is CATALYST's hope that this list will assist other cooperative agencies and development organizations as they undertake their own GBV-focused initiatives.

- **Involve the entire community to forge intergenerational linkages**
 Upon reflection, the project team felt that the single most important design element was involving a diverse set of community actors at all stages of the project cycle. Leaders from local government and neighborhood association, schools, churches, law enforcement, etc. participated in youth recruitment, program planning and negotiating final action plans. Most important, this participation built connections among people of all age groups and broke down previously held biases and prejudices about youth capabilities.
- **Peer facilitation builds youth ownership**
 The design concept using a core youth group to transfer information and training to base youth groups combined a peer-to-peer approach with a multiplier effect. That the activity was youth-led enhanced the relevance of the training activities and placed young people in a positive light before their communities.
- **Select a coordinating team with the right skill set**
 It was essential to the project's success that CATALYST assembled a team with the right combination of skills to get the work done. Most important on the ground were the ability to speak the youth's language, experience with the issue of GBV and knowledge of the local communities and organizations.
- **Recruit teachers to reinforce the messages**
 It was important to invite teachers to the training sessions so they could witness the content first-hand. Given their relationship with the youth, teachers were the most natural allies who could commit to reinforcing key messages about GBV, conflict resolution and other topics in the classroom.
- **Creative use of public space**
 The project team found that many cost-effective means of disseminating project information existed at free public gatherings. Youth participants raised awareness of GBV prevention in nearby parks, soccer games, markets, fairs and other venues.